

HEALTH ASSURANCE LLC

## NURSES NOTES

DATE	TIME	
2/26	1200 hrs	- Called to block to assess inmate. States involved in altercation 10:00 pm "with police". Laceration noted above R eyebrow app 2 cm in length, small area grapping open. Cleaned, antibiotic ointment continued + steri strips X2. Also superficial scratch/abrasion to face - cleaned. Structure is S/I q infection + to mount. 150% X 0, 90, 1L. Will reassess 3-5 days if possible.
2/28/08 0830		Seen in medical. No pain in Q side of ribs during breathing, moving or coughing. Lung CTA breath sounds bilateral. Skin appears to have a darker pigmentation down bilateral abdomen & below umbilicus Q breathing unaided. Scratch marks noted to back of neck, chin, bilateral cheeks & Q arm. Bilateral bruising noted to eyes. Newer & redness noted in sclera. Bandaid & 1x2 - strips intact above Q eye. Blp 158/82, P76 R-14. Wt 156 lbs, Hs 6'1/2, P=70 Blp 158/82 F/u So fight. File C DR
3/1/08 20:00		

INITIAL SIGNATURE

INITIAL SIGNATURE

INITIAL SIGNATURE

8 Apr 2008

NAME - LAST

FIRST

MIDDLE

ALLERGIES 16b17

Golden Bobby JDC

INMATE # 2109382

NURSE NOTES

EXHIBIT

"P3"

# HEALTH ASSURANCE LLC

## **NURSES NOTES**

INITIAL SIGNATURE

**INITIAL SIGNATURE**

---

**INITIAL SIGNATURE**

---

*[Signature]*

NAME - LAST

FIRST

MIDDLE

## ALLERGIES

1049A

Goldim, Bobbi

INMATE # 2A380

INMATE # 141580

## NURSE NOTES

Last	First	Middle Initial	
Name _____			AIS # _____
Date _____	Allergies _____		Facility _____
SIG.			Discontinue Continue Increase Decrease
Physician Signature:			

NC002

Last	First	Middle Initial	
Name _____	<u>Kolden, Bobby</u>		AIS # <u>269382 BC</u>
Date <u>8/1/05</u>	Allergies _____		Facility _____
SIG.	<p>→ Clem Rx gl larva PO BID x 3 days to tubby</p> <p>→ Robitussin 800mg PO BID x 3 days</p>		
Physician Signature:		<p>Discontinue <u>Not 8/1/05</u></p> <p>Continue <u>3-1-05</u></p> <p>Increase <u>3-1-05</u></p> <p>Decrease <u>Not 004/0</u></p>	

NC002

Last	First	Middle Initial	
Name <u>Kolden, Bobby</u>			AIS # <u>269382 BC</u>
Date <u>2/28/05</u>	Allergies <u>NKA</u>		Facility _____
SIG.	<p>Motrin 800mg + PO BID x 3 days</p>		
Physician Signature: <u>Dr. C. G. White Jr.</u>		<p>Discontinue <u>MAR 8 2/28/05</u></p> <p>Continue</p> <p>Increase</p> <p>Decrease</p>	

NC002

Last	First	Middle Initial	
Name <u>Golden Bobby</u>			AIS # <u>269382</u>
Date <u>2/24/05</u>	Allergies _____		Facility _____
SIG.	<p>Apply ointment to (R) eye brow lacratin'</p>		
Physician Signature: <u>Dr. G. P. White Jr.</u>		<p>Discontinue</p> <p>Continue</p> <p>Increase</p> <p>Decrease</p>	

NC002

HEALTH ASSURANCE LLC

*PHYSICIAN'S  
PROGRESS NOTES*

## ALLERGIES

## PHYSICIAN'S PROGRESS NOTES